

**Superior Court of Washington**  
**County of \_\_\_\_\_**

<p>In re the Detention of:</p>  <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: right; margin-right: 20px;">Respondent</p>	<p><b>Case No.</b> _____</p> <p><b>Order for Dismissal (ORDSM)</b></p> <p>Clerk's action required: <input type="checkbox"/> 7, <input type="checkbox"/> 9, 10</p>
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A petition was filed in this case for:

- ☐ 120 hours ☐ 14 Days ☐ 90 Days ☐ 180 Days ☐ 1 Year of involuntary treatment.
- ☐ Revocation of a less restrictive alternative treatment order/conditional release filed in this proceeding.
- ☐ Involuntary administration of anti-psychotic medications.
- ☐ Petitioner requested a voluntary dismissal pursuant to CR 41.
- ☐ Respondent requested a dismissal on the following basis:
  - ☐ Petitioner failed to meet the burden of proof.
  - ☐ Respondent accepted voluntary treatment.
  - ☐ Petitioner did not submit a petition for 14-day involuntary treatment.
  - ☐ Other: \_\_\_\_\_

The following people were present at the hearing:

- ☐ Respondent appeared ☐ in person ☐ by video  
**and** was represented by \_\_\_\_\_.
- ☐ Respondent waived their appearance through counsel.
  - ☐ A separate appearance waiver has been filed.
  - ☐ Respondent orally waived their appearance through defense counsel, and the court accepts this waiver.
- ☐ Petitioner appeared ☐ in person ☐ by video  
**and** was represented by \_\_\_\_\_.
- ☐ Guardian ad litem (GAL) ☐ appeared in person ☐ appeared by video ☐ waived appearance.

- ☐ Guardian ad litem (GAL) waived Respondent's appearance.
- ☐ Witness \_\_\_\_\_ appeared ☐ in person ☐ by video or  
☐ under CR 43 by ☐ telephone ☐ \_\_\_\_\_.
- ☐ Witness \_\_\_\_\_ appeared ☐ in person ☐ by video or  
☐ under CR 43 by ☐ telephone ☐ \_\_\_\_\_.
- ☐ Agreed order.

### Findings of Fact

The court makes the following findings of fact (*check all that apply*):

1. ☐ No petition for 14-day commitment was filed.
2. ☐ Following a hearing, the Petitioner has failed to meet their burden of proof to establish a need for detention, revocation, involuntary medication, or treatment in a less restrictive alternative.
3. ☐ Upon motion, it is appropriate to dismiss the petition without a hearing  
☐ based on the stipulation of the parties or ☐ for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
4. ☐ Respondent was not committed for involuntary treatment under RCW 71.05.240 and was initially detained on (*date*) \_\_\_\_\_ on the grounds that the Respondent presents a likelihood of serious harm.
5. ☐ Agreed Order. Respondent, after consultation with counsel, agrees to the entry of this order.
6. ☐ Other. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

### The Court Orders:

7. ☐ The petition is dismissed.
8. ☐ A less restrictive alternative treatment order dated \_\_\_\_\_ remains in effect.
9. ☐ **(Check only if #4 is selected above.)** The **clerk of the court** is directed to forward a copy of Respondent's driver's license, identicard, or comparable information (name, address, and date of birth) and the date of release from the facility to the Department of Licensing and Washington State Patrol.

**Submit to:** Department of Licensing, Business & Professions Firearms Unit,  
[firearms@dol.wa.gov](mailto:firearms@dol.wa.gov) (PO Box 9649, Olympia, WA 98507-9649)  
**and** Washington State Patrol, [ita@wsp.wa.gov](mailto:ita@wsp.wa.gov) (Attn: ACCESS Section, PO Box 42619, Olympia, WA 98501).

10. The **clerk of the court** must share hearing outcomes under ch. 71.05 RCW, including the name of the facility where the person has been committed, with the local behavioral health administrative services organization that serves the region where the superior court is

located. This includes for cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. Name of Facility: \_\_\_\_\_.

11. Other. \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge / Commissioner**

Approved as to form

Approved as to form

\_\_\_\_\_  
Attorney for Petitioner DPA/AAG

\_\_\_\_\_  
Attorney for Respondent

WSBA No. \_\_\_\_\_

WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

Interpreter certifies that they have reviewed this order with Respondent.

\_\_\_\_\_  
Interpreter